



# Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726 ext. 678  
Fax: 812-948-2208

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Habana Blues</b>	Telephone Number <b>812-948-9760</b>	Date of Inspection (mm/dd/yr) <b>5-1-19</b>	PERMIT # <b>18-112</b>
Establishment Address (number and street, city, state, zip code) <b>320 Pearl St New Albany, IN 47150</b>			
Owner <b>Leo Lopez</b>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <b>Yes</b>	Release Date <b>Today</b>
Owner's Address		Summary of Violations: <b>C 3 NC 8 R 5</b>	
Person in Charge <b>Leo Lopez</b>		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail			
Certified Food Handler <b>6-12-19</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
415	C	R	Observed 2 live cockroach on floor in back storage room.	2 weeks
345	C	R	Observed items stored in the handwashing sink in bar area.	Today
443	C	R	Measure chlorine sanitizer above 200 ppm. -test daily.	Corrected
177	NC	R	Observed food items stored directly on floor in keg cooler.	Corrected
218	NC		Observed standing water in keg cooler.	10 days
			Observed buildup of frost inside freezer in back storage room	1 week
			Observed left door on left prep cooler not sealing properly.	2 weeks
256	NC		Observed no thermometer in pepsi cooler or in right prep cooler.	Corrected
411	NC		Observed light out in back storage room.	2 weeks
347	NC		Observed no paper towels at each handwashing sinks in kitchen.	Corrected
416	NC	R	Observed dead cockroach on handwashing sink in kitchen, on floor in back storage room, in light shield in service hallway/area.	2 days
431	NC		Observed cleaning needed behind walk in freezer.	1 week
423	NC		Observed food establishment opening directly into living quarters. See IC-16-42-5-18. A solid wall must be installed to prevent access. Access must only be made by office, adjacent building or outdoor entrance.	2 months
			*Certified Food Managers Certificate expires in 1 month.	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): <b>Thomas Snider, EHS</b>
Received by (signature): <i>Leo Lopez</i>	Inspected by (signature): <i>Thomas Snider</i>
cc: *A follow-up inspection will be made	cc: in 2 weeks to check all codes except
	cc: sect. 423.